



Child Protection Policy 2018

1. Introduction

As a corporate member of The Tutors' Association (TTA) Lotus Tutors have a moral and legal obligation to ensure that, when given responsibility for young people, they are treated with the highest possible standard of care. A child/young person is defined as a person under the age of 18 (The Children's Act 1989 and 2004, and the Children & Young Persons' Act 2008).

In view of the guideline from the TTA, Lotus Tutors have formulated this Child Protection Policy to be followed by all tutors and followed and promoted by those in the position of leadership within Lotus Tutors. This document is written in accordance with Oxfordshire Area Safeguarding Policy and 'Working Together to Safeguard Children' produced by the Department of Health in 1999.

Tutors do not undertake activities with children in the absence of their parents/carers, but have the opportunity to observe the young person/children's welfare within their family setting. Parents/carers remain responsible for their children's welfare throughout all the work undertaken by the organisation.

Any tutor registered as a self-employed tutor with Lotus Tutors who requires help and support on a Child Protection issue should in the first instance report the incident to Lotus Tutors by email, and we will in turn decide how or if the case should be referred the case to the LADO or DCPO. Similarly any parents, guardian or carer concerned about a tutor registered with Lotus Tutors should in the first instance report to the Director of Lotus Tutors by email on 'info@lotustutors.com' or call us on 01865703545 and ask for the Director.

2. Lotus Tutors are committed to ensuring that:

- a. The welfare of a child or young person will always be paramount.
- b. All children, whatever their age, culture, ability, gender, language, racial origin, religious belief and/or sexual identity are able to receive the benefit of tutoring in a safe environment;
- c. All reasonable steps are taken to protect children from harm, discrimination;
- d. Demeaning treatment and to respect their rights, wishes and feelings;
- e. All suspicions and allegations of poor practice or abuse will be taken seriously and responded to swiftly and appropriately;
- f. All members who work with children should seek guidance and/or training in good practice and child protection procedures;
- g. they work in partnership with parents and children – which is essential for the protection of children;

- h. they provide a caring, positive, safe and stimulating environment in which students can learn and which promotes the wellbeing of the children being taught;
- i. Those people in positions of responsibility within the organisation will work in accordance with the interests of children and young people and follow the policy outlined herein.

LOTUS TUTORS SAFEGUARDING POLICY

1. Immediate Action to Ensure Safety

Immediate action may be necessary at any stage in involvement with children and families.

IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILD ie:

- If emergency medical attention is required this can be secured by calling an ambulance (dial 999)
- If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via Police Protection Order.

2. Recognition of Abuse or Neglect

Abuse or neglect of a child is caused by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting: by those known to them or more rarely by a stranger.

a) Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms, of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as, fabricated illness by proxy or Munchausen Syndrome by proxy.

b) Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child though it may occur alone.

c) Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg rape or buggery) or non-penetrative acts. This may include non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the

production of, pornographic material, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

d) Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Individuals need to be alert to the potential abuse of children both within their families and also from other sources.

There is an expected responsibility for all tutors to respond to any suspected or actual abuse of a child in accordance with these procedures.

A tutor will use a record of concern form to express a concern they may have. A record of concern form will have been given to you when you will have registered with Lotus Tutors.

It is good practice to be as open and honest as possible with parents/carers about any concerns. Once a record of concern form has been received from one of our tutors the designated safeguarding lead will contact the parent/carer and discuss matters with regard to what happens next and whether a referral needs to be made to the MASH team within Oxfordshire.

However, we will not discuss concerns with parents/carers in the following circumstances:

- a) where sexual abuse is suspected;
- b) where organised or multiple abuse is suspected;
- c) where fictitious illness by proxy (also known as Munchausen Syndrome by proxy) is suspected;
- d) where contacting parents/carers would place a child or others at immediate risk.

What to do if children talk to you about abuse or neglect

It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations you must:

- a) Listen carefully to the child. DO NOT directly question the child;
- b) Give the child time and attention;
- c) Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events;
- d) Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- e) Use the child's own words where possible.
- f) Explain that you cannot promise not to speak to others about the information they have shared.
- g) Reassure the child that:

- you are glad they have told you;
 - they have not done anything wrong;
 - what you are going to do next.
- h) Explain that you will need to get help to keep the child safe.
- i) Do NOT ask the child to repeat his or her account of events to anyone.

3. Consulting about your concern

The purpose of consultation is to discuss your concerns in relation to a child and decide what action is necessary. You may become concerned about a child who has not spoken to you, because of your observations of, or information about that child.

It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action. If you are concerned about a child you must share your concerns. Initially you should talk to the Director of Lotus Tutors.

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to MASH should progress.

4. Making a referral

In the first instance report the incident to the Director of Lotus Tutors, and we will in turn should refer the case to the LADO or DCPO. A referral involves giving the local safeguarding team or MASH information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In certain cases the level of concern will lead straight to a referral without external consultation being necessary. Parents/carers should be informed if a referral is being made except in the circumstances outlined previously.

However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with MASH about how and when the parents should be approached and by whom.

5. Information required (by safeguarding lead)

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- a) Your name, telephone number, position and request the same of the person to whom you are speaking.
- b) Full name and address, telephone number of family, date of birth of child and siblings.
- c) Gender, ethnicity, first language, any special needs.
- d) Names, dates of birth and relationship of household members and any significant others.

- e) The names of professionals' known to be involved with the child/family eg: GP, Health Visitor, School.
- f) The nature of the concern; and foundation for them.
- g) An opinion on whether the child may need urgent action to make them safe.
- h) Your view of what appears to be the needs of the child and family.
- i) Whether the consent of a parent with parental responsibility has been given to the referral being made.

Action to be taken following the referral

- a) Lotus Tutors will keep an accurate record of your concern(s) made at the time.
- b) We will put our concerns in writing following the referral (within 24 hours)
- c) Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

6. Confidentiality

Lotus Tutors ensure that any records made in relation to a referral are kept confidentially and in a secure place.

Information in relation to safeguarding concerns should be shared on a "need to know" basis. However, the sharing of information is vital to safeguarding and, therefore, the issue of confidentiality is secondary to a child's need for protection. If in doubt, we will consult the appropriate agencies.